

107579398

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
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8			1	1		
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TOTAL IND.			8	8	9	9
TOTAL DEP.			8	8	9	9
TOTAL CLAIMS			8	8	9	9

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			8	8	9	9
TOTAL DEP.			8	8	9	9
TOTAL CLAIMS			8	8	9	9